## NEW PATIENT INFORMATION/MEDICAL QUESTIONNAIRE

Today's Date ____/____/____ (General questionnaire for all procedures some questions may not be relevant)

Last Name _____ First _____ MI _____

Address _____

_____ Zip Code _____

Phone #1: _____ Phone #2: _____

E-mail Address _____

Occupation _____

Approximate Weight: _____ Height: _____ Date of Birth ____/____/____

Please list the prescriptions you are currently taking: _____

_____

Drug Allergies: _____

Please list previous surgeries: _____

Goal or Reason for Visit:

- ☐ Laser Liposuction
- ☐ Medical Supervised Diet
- ☐ Thermage / Ultherapy
- ☐ Restylane / Juvederm / Radiesse
- ☐ IPL - Photofacial
- ☐ Chemical Peel
- ☐ Zeltiq CoolSculpting
- ☐ Fraxel & Fractional CO2
- ☐ Botox
- ☐ Laser Hair Removal
- ☐ Laser Tattoo Removal
- ☐ Microdermabrasion

| | | | |
|---|---|---|---|
| Have you ever had a cold sore on your lip? | No | Yes | Last time: |
| Do you have a history of easy bruising or bleeding problems? | No | Yes | |
| Do you have a history of darkening of the skin after injury? | No | Yes | |
| Are you pregnant or breastfeeding? | No | Yes | |
| Have you used or are you currently using Retin-A or Renova? | No | Yes | Last time: |
| Have you used or are you currently using Accutane? | No | Yes | Last time: |

I have been given the opportunity to review the HIPAA notice either online or in-office.

Signature: _____